

205 DYKE ROAD EAST SUSSEX 01273 859829

BN3 6EG FAX 01273 563139

Application for venue hire

NAME OF HIRING ORGANISATION	I	
Contact or Organiser's name		
Address and post code		
Telephone number	Mobile number	
Invoice address and post code (if	different from above)	
	Email address.	
(Please ensure you update us if ar	ny of the above information changes	s, failure to do so could result in your
booking being cancelled if we are	unable to contact you)	
PURPOSE OF HIRING:		
HOW DID YOU HEAR ABOUT US?		
DATE AND DAY REQUIRED		
ACTUAL TIMES REQUIRED (please	e include preparation time and time	for cleaning afterwards):
ROOM(S) REQUIRED:		
WILL ANY OTHER FACILITIES BE	REQUIRED? e.g. piano/specialist ed	quipment
None □ AV Equipment □ IT Equi	pment □ Catering □ Other □	
DECLARATION BY HIRER:		
agree to abide by them and to pay	the sum(s) due before the booking	this booking and understand them. I takes place. I agree to pay for the f this letting. I am over 18 years old.
Name (print)	Signature	Date
TO BE COMPLETED BY THE COLL	EGE : This Hiring has been approved	d for, and on behalf of, the College.
Date	. Signature of Estates Manager	
External Booking \Box FOC \Box Char	rgeable 🗆 Debtor account number	& Category
Special rate agreed (e.g. caretakin Risk Assessment required YES/N		to booked times)
SESSION COST		